MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02900

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County Calvert

City or town Wilson

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Wilson Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Jackson Basford

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

B (b) Name of husband or wife: Ida Isabel Basford

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): July 19, 1862

8. AGE: Years 77 | Months 7 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace: Wilson P.O. Calvert Co Md.

(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER

12. Name: John Henry Basford

13. Birthplace: Mississippi.

MOTHER

14. Maiden name: Sara Arianna Hance

15. Birthplace: Calvert Co. Md.

16. Informant: Ida Ireland

Address: Wilson P.O. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/12/40 (month) (day) (year)

Cemetery or crematory: Emmanuel Cemetery

Location

18. Funeral director: W. H. Hutchins

Address: Owings, Md.

19. 3/11 1940 (Date rec'd by registrar) I. N. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 9 1940, at 8 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 3 1940, to March 9 1940, and that I last saw him alive on March 9 1940.

Immediate cause of death: Cerebral Hemorrhage

DURATION

Due to: Hypertensive C.V. Disease

Due to

Other conditions: Bronchial Pneumonia Jan 1940 - cured

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Page Jett M. D. or other

Address: Prince Frederick Date signed 3/12/40

RECEIVED
APR 4 1940
BUREAU V. S.

02901

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

Reg. Dist. No. 521

1. PLACE OF DEATH:

County Calvert

City or town Owing
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME James Edward Coutee

3. (b) Social Security Number

4. Sex M

5. Color or race C

6. (a) Single, married, widowed, or divorced S

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 14, 1940

8. AGE: Years | Months 1 | Days 14 | If less than one day hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Owing Cement

11. Industry or business

FATHER
12. Name Edward Coutee
13. Birthplace Md

MOTHER
14. Maiden name Mabel Bishop
15. Birthplace Md

18. Informant Mabel Bishop

Address Owing

17. (Burial, cremation, or removal. Which?) Date thereof Mar 26 1940 (month) (day) (year)

Cemetery or crematory Chaneys

Location Calvert Co

18. Funeral director Robert Wood

Address Friendship

19. March 25 19 W. Harder Sty
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,

and that I last saw him alive on 19 .

Immediate cause of death Found dead in bed when mother got awake

Due to

Due to This infant was probably accidentally overlaid by its mother.

Other conditions G.W.G.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Owing Md Date signed 3/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

02902

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(186a)

Reg. Dist. No. 521

1. PLACE OF DEATH:

County Calvert

City or town W. Beach

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Maude Z Cox

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	S

6 (b) Name of husband or wife _____

6(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 4, 1882

8. AGE:

Years	Months	Days	If less than one day
57	7	20	_____ hrs. _____ min.

9. Birthplace Md (Town, county and state)

10. Usual occupation Domestic

11. Industry or business

FATHER

12. Name Thomas Cox

13. Birthplace Md

MOTHER

14. Maiden name Liza Parks

15. Birthplace Md

16. Informant Richard King

Address Chas. Beach

17. _____ (Burial, cremation, or removal. Which?) Date thereof Mar 26 40 (month) (day) (year)

Cemetery or crematory Mt Harmony

Location _____

18. Funeral director W H Hutchens

Address Mt Harmony

19. March 25 1940 W H Harderly

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/24 1940, at 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 24 1940, and that I last saw her alive on March 23 1940.

Immediate cause of death Meningitis

Due to Fall out of bed

Due to _____

Other conditions Nervousness

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

DURATION
3/24/40
3/18/40
3

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE Hugh W Ward M. D. or other

Address Ewing Md Date signed 3/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1948
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (467)

02903

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH:

County Calvert

City or town Olivet

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Calvert

City or town Olivet Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME George Gross

3. (b) Social Security Number None

4. Sex M

5. Color or race Cal.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Eliza Ann Gross

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1861

8. AGE: Years 79 Months 9 Days If less than one day hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Henry Gross

13. Birthplace Md

MOTHER 14. Maiden name Eliza Cook

15. Birthplace Md.

16. Informant Major Gross

Address Olivet

17. Burial (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Cemetery or crematory Eastern Chapel 3, 21, 40

Location Olivet Md.

18. Funeral director P. E. Sewell

Address Prince Frederick, Md.

19 March 21 1940 H. J. Pandoe

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 19 1940, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1939, to date 19, and that I last saw him alive on 3/10/1940

Immediate cause of death Carcinoma of stomach

DURATION 1 yr.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Briscoe M. D. or other

Address Prince Frederick Date signed 3/19/40

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APR 6 2010
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

02904

(13E)

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH:
County: Calvert
City or town: Chesapeake Beach Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Calvert.
City or town: Chesapeake Beach Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Steven Gilbert Ireland

3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs Nettie Ireland
6(c) If alive, give age: 70 years

7. Birth date of deceased (mo., day, yr.): Feb. 16, 1872

8. AGE: Years: 68 | Months: 1 | Days: 0 | If less than one day: hrs. min.

9. Birthplace: Md. (Town, county, and state)
10. Usual occupation: Laborer.
11. Industry or business:
FATHER
12. Name: Steven Ireland.
13. Birthplace: Md.
MOTHER
14. Maiden name: ?
15. Birthplace: Md.
16. Informant:
Address:
17. (Burial, cremation, or removal, Which?) Date thereof: Mar 18 40 (month) (day) (year)
Cemetery or crematory: Mt Harmony
Location: md
18. Funeral director: W H Hutchens & S
Address: Mt Harmony
19. March 18 1940 (Date rec'd by registrar) W H Hardesty Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/18/1940, at 4 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 31 1940, to 3/16/1940, and that I last saw him alive on 3/16/1940.

Immediate cause of death: Chronic Myocarditis — DURATION: 4 mos.
Due to: Pulmonary Tb. — 20 yrs.
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: E. J. Briscoe M. D. or other
Address: Prince Frederick Date signed: 3/17/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-6)

02905

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH:

County: Calvert

City or town: Prince Frederick, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Calvert County Hospital

Stay in hospital or inst. (yrs., or mos., or days): 6 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Calvert

City or town: Port Republic Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Unnamed baby (Commodore) Johnson

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Single

B (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): 2/28/40

8. AGE: Years | Months | Days: 5 days | If less than one day: hrs. min.

9. Birthplace: Prince Frederick, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: LeRoy Commodore
13. Birthplace: Maryland

MOTHER
14. Maiden name: Ellen Johnson
15. Birthplace: Maryland

16. Informant: Records of Calvert County Hospital

Address: Prince Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/9/40 (month) (day) (year)

Cemetery or crematory: Parkers Creek

Location: Parkers Creek

18. Funeral director: Cornelius Hanna

Address: Port Republic MD.

19. 3/8 1940 (Date rec'd by registrar) D. A. King Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/6/1940, at 1 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/28 19 , to 3/6 19 ,
and that I last saw him alive on 3/5/1940.

Immediate cause of death: Hemorrhage of Cord.

Due to: Hemophilia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 3 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: E. Briscoe M. D. or other

Address: Prince Frederick Date signed: 3/6/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 133a

CERTIFICATE OF DEATH

02906

Reg. Dist. No. 521

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Calvert

City or town Owings

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Owings Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Asbury Jones

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) single, married, widowed, or divorced
Male	Colored	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE:

Years	Months	Days	If less than one day
19	6		hrs. min.

8. Birthplace Owings Md. (Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER

12. Name Wm H. Jones

13. Birthplace Huntingtown, Calvert Co Md

MOTHER

14. Maiden name Mary E Reed

15. Birthplace Calvert Co Md

16. Informant Wm H Jones

Address Owings Md.

17. (Burial, cremation, or removal. Which?) Date thereof mar 26 40 (month) (day) (year)

Cemetery or crematory Mt. Hope

Location Sunderland, Md.

18. Funeral director P. C. Savell.

Address Prince Frederick, Md.

19. March 27 1940 W H Hardesty (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 9 32 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1939, to December 1939, and that I last saw him alive on December 2 1939.

Immediate cause of death	DURATION
Cyclonephritis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Page E Jett M. D. or other

Address Date signed

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02907

Reg. Dist. No. 52

1. PLACE OF DEATH:
County Calvert
City or town Lower Marlboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Calvert
City or town Lower Marlboro Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME George W. King

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, married, widowed, or divorced M
6 (b) Name of husband or wife Lillie King
6 (c) If alive, give age 52 years
7. Birth date of deceased (mo., day, yr.) Oct 18, 187—

8. AGE: Years 67 Months 3 Days 26 If less than one day ____ hrs. ____ min.

9. Birthplace Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thomas King
13. Birthplace Md
MOTHER 14. Maiden name Emelia Cross
15. Birthplace Md
16. Informant Mrs. Jo. King
Address Lower Marlboro
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 16 - 1940 (month) (day) (year)
Cemetery ~~or cremator~~ Lower Marlboro
Location Lower Marlboro
18. Funeral director Wm. H. Hutchins
Address Owings Md
19. Mar 15 1940 (Date rec'd by registrar) M. B. Cox Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/14 1940, at 4:15 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/9/40 19__, to 3/14 1940, and that I last saw him alive on 3/14 1940.

Immediate cause of death Influenza — DURATION 5 days
John Pneumonia — 3 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Hazel W. Ward M. D. or other
Address Owings Md Date signed 3/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-E)

02908

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:

County Calvert

City or town Olivet, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Calvert

City or town Olivet Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizie Savage

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Widowed

6 (b) Name of husband or wife James Savage

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years	Months	Days	If less than one day
65			hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Thomas Howard
13. Birthplace Maryland

MOTHER
14. Maiden name Emily Sutton
15. Birthplace Maryland

16. Informant Gidioy Savage
Address Olivet, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/10/40 (month) (day) (year)

Cemetery or crematory Eastern Chapel, Church

Location Olivet, Md.

18. Funeral director P. E. Sewell.
Address Prince Frederick Md.

19. March 10 1940 (Date rec'd by registrar) H. J. Hardoe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/8/ 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1940 to 3/8/ 1940 and that I last saw her alive on 3/5/40 19

Immediate cause of death Carcinoma of Uterus

Due to Gen Carcinomatosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION
1 yr.
2 mo.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. T. Briscoe M. D. or other

Address Prince Frederick Date signed 3/9/40

RECEIVED
APR 6 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

02909

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Calvert
City or town: Parrans
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Parran Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Stillborn baby Thomas

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	negro	

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 29, 1940

8. AGE: Years | Months | Days | If less than one day: hrs. min.

9. Birthplace: Parrans, Cal. Co. Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Clarence Thomas
13. Birthplace: Calvert, Co. md.

MOTHER
14. Maiden name: Annie Parker
15. Birthplace: Calvert Co. md.

16. Informant: Clarence Thomas
Address: Parrans, Md.

17. Burial
(Burial, cremation, or removal. Which?) Date thereof 3/29/40 (month) (day) (year)

Cemetery or crematory: Glen Ft.
Location:

18. Funeral director: George Jefferson
Address: Glen Ellen, Md.

19. 3/29 1940 D. N. King
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 7 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw h alive on ____ 19__.

Immediate cause of death: Macerated Foetus — DURATION

Due to: Syphilis (Congenital)

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Jack S Jett M. D. or other
Address: Prince Frederick Date signed 3/29

RECEIVED
APR 4 1940
BUREAU V. S.